

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
89-763971

APPLICANT(S)

Lawanda

FILING DATE
28 FEB 2001

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1							51					
2	1						52					
3	1						53					
4		1					54					
5	1						55					
6	1						56					
7		1					57					
8		1					58					
9	1						59					
10		1					60					
11		1					61					
12	1						62					
13		1					63					
14		1					64					
15	1						65					
16							66					
17							67					
18							68					
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39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	8						TOTAL IND.					
TOTAL DEP.							TOTAL DEP.					
TOTAL CLAIMS	15						TOTAL CLAIMS					